Form **8872** (November 2002)

Political Organization Report of Contributions and Expenditures

Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No. 1545-1696

A For the period beginning 01/01/2011	and ending 06/30/2011	
P.C. L. P. H. J. A. J. S. L. A		
B Check applicable box:	Change of address Amended report Final report	
1 Name of organization	Employer identification number	
Last Chance for Patient Choice	05 - 0628214	
2 Mailing address (P.O. box or number, street, and room	or suite number)	
P.O.Box 2817		
City or town, state, and ZIP code		
Waterloo, IA 50704		
3 E-mail address of organization:	4 Date organization was formed:	
Eric.Brodahl@vgm.com	10/17/2005	
5a Name of custodian of records	5b Custodian's address	
Michael Mallaro	PO Box 2817	
	Waterloo, IA 50704	
6a Name of contact person	6b Contact person's address	
John Gallagher	PO Box 2817	
	Waterloo, IA 50704	
City or town, state, and ZIP code Waterloo, IA 50704		
8 Type of report (check only one box)		
First quarterly report	Monthly report for the month of:	
(due by April 15)	(due by the 20th day following the month shown above, except the	
Second quarterly report (due by July 15)	December report, which is due by January 31) — Pre-election report (due by the 12th or 15th day before the election)	
Third quarterly report	(1) Type of election:	
(due by October 15)	(2) Date of election:	
Year-end report	(3) For the state of:	
(due by January 31) ✓ Mid-year report (Non-election	 Post-general election report (due by the 30th day after general election) (1) Date of election: 	
year only-due by July 31)	(2) For the state of:	
9 Total amount of reported contributions (total from all	attached Schedules A)	
10 Total amount of reported expenditures (total from all	attached Schedules B)	
Under penalties of perjury, I declare that I hav and belief, it is true, correct, and complete.	e examined this report, including accompanying schedules and statements, and to the best of my knowledge	
Mike Mallaro	06/30/2011	
Sign \	\	
Here Signature of authorized official	Date	

Schedule A Itemized Contributions Sched		
Contributor's name, mailing address and ZIP code Michigan Medical	Name of contributor's employer	
1906 Farmington Rd	Contributor's occupation	Amount of contribution
ivonia, MI 48150	N/A	\$ 134 Date of contribution
	Aggregate contributions year-to-date \$ 402	02/04/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Michigan Medical 1906 Farmington Rd	N/A Contributor's occupation	Amount of contribution
Livonia, MI 48150	N/A	\$ 67
Livoina, ivii 40130	Aggregate contributions year-to-date \$ 402	Date of contribution 04/26/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer N/A	
1906 Farmington Rd	Contributor's occupation	Amount of contribution
Livonia, MI 48150	N/A	\$ 67
	Aggregate contributions year-to-date \$ 402	Date of contribution 04/26/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Michigan Medical 1906 Farmington Rd	N/A Contributor's occupation	Amount of contribution
Livonia, MI 48150	N/A	\$ 67
	Aggregate contributions year-to-date	Date of contribution
	\$ 402	06/24/2011
Contributor's name, mailing address and ZIP code Michigan Medical	Name of contributor's employer N/A	
1906 Farmington Rd	Contributor's occupation	Amount of contribution
Livonia, MI 48150	N/A	\$ 67
	Aggregate contributions year-to-date \$ 402	Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc	Name of contributor's employer N/A	
PO Box 1337	Contributor's occupation	Amount of contribution
Englewood, CO 80150	N/A	\$ 15
2.19.01.000, 00 00.100	Aggregate contributions year-to-date \$ 225	Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Rocky Mountain Medical Equipment Inc PO Box 1337	N/A Contributor's occupation	Amount of contribution
Englewood, CO 80150	N/A	\$ 15
Englewood, CO 60130	Aggregate contributions year-to-date \$ 225	Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Rocky Mountain Medical Equipment Inc PO Box 1337	N/A Contributor's occupation	Amount of contribution
20 Box 1337 Englewood, CO 80150	N/A	\$ 15
Eligicwood, CO 60150	Aggregate contributions year-to-date \$ 225	Date of contribution 02/04/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Rocky Mountain Medical Equipment Inc	N/A	
PO Box 1337	Contributor's occupation	Amount of contribution
Englewood, CO 80150	N/A Aggregate contributions year-to-date \$ 225	\$ 15 Date of contribution 03/30/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Rocky Mountain Medical Equipment Inc	N/A	
PO Box 1337	Contributor's occupation	Amount of contribution
Englewood, CO 80150	N/A Aggregate contributions year-to-date	\$ 15 Date of contribution

Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 03/30/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 04/26/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 04/26/2011
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Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 06/24/2011
Contributor's name, mailing address and ZIP code Rocky Mountain Medical Equipment Inc PO Box 1337 Englewood, CO 80150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 225	Amount of contribution \$ 15 Date of contribution 06/24/2011

Contributor's name, mailing address and ZIP code Withheld PO Box 2817	Name of contributor's employer N/A Contributor's occupation	Amount of contribution
Waterloo, IA 50704	N/A Aggregate contributions year-to-date \$ 43683	\$ 43683 Date of contribution 06/30/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
VGM Group	N/A	A 4 - F 4 1 4
PO Box 2817 Waterloo, IA 50704	Contributor's occupation N/A	Amount of contribution \$ 30000
waterioo, 1A 30/04	Aggregate contributions year-to-date \$ 130000	Date of contribution 01/09/2011
Contributor's name, mailing address and ZIP code VGM Group	Name of contributor's employer N/A	
PO Box 2817	Contributor's occupation	Amount of contribution
Waterloo, IA 50704	N/A	\$ 50000
	Aggregate contributions year-to-date \$ 130000	Date of contribution 02/28/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
VGM Group PO Box 2817	N/A Contributor's occupation	Amount of contribution
Waterloo, IA 50704	N/A	\$ 50000
Waterioo, IA 30704	Aggregate contributions year-to-date \$ 130000	Date of contribution 04/29/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Brightree LLC 1735 North Brown Road, Suite 500	N/A Contributor's occupation	Amount of contribution
Lawrenceville, GA 30043	N/A	\$ 10000
Lawrencevine, OA 30043	Aggregate contributions year-to-date \$ 20000	Date of contribution 05/31/2011
Contributor's name, mailing address and ZIP code	Name of contributor's employer	
Invacare Corporation One Invacare Way	N/A Contributor's occupation	Amount of contribution
Elyria, OH 44036	N/A	\$ 10000
—-y, · · · · · · ·	Aggregate contributions year-to-date	Date of contribution
	\$ 10000	05/31/2011
Contributor's name, mailing address and ZIP code Brightree LLC	Name of contributor's employer N/A	
1735 North Brown Road, Suite 500	Contributor's occupation	Amount of contribution
Lawrenceville, GA 30043	N/A	\$ 10000
	Aggregate contributions year-to-date \$ 20000	Date of contribution 06/27/2011

Form 8872 (11-2002)		Calant
Schedule B Itemized Expenditures		Schedule
Recipient's name, mailing address and ZIP code Center for Regulatory Effectiveness	Name of recipient's employer N/A	Amount of Expenditure \$ 20000
601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Vashington, DC 20009	N/A	02/09/2011
Purpose of expenditure Consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Vashington, DC 20009	N/A	03/03/2011
Purpose of expenditure Consulting Fees		
ecipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Brian J Leitten	N/A	\$ 3000
619 Joan Lane	Recipients's occupation	Date of expenditure
Port Orange, FL 32129	N/A	03/03/2011
Purpose of expenditure Consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
601 Connecticut Ave NW STE 500 Vashington, DC 20009	Recipients's occupation N/A	Date of expenditure 03/14/2011
Purpose of expenditure Consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
enter for Regulatory Effectiveness 601 Connecticut Ave NW STE 500	N/A Recipients's occupation	\$ 20000 Date of expenditure
Vashington, DC 20009	N/A	05/01/2011
Purpose of expenditure Consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Vashington, DC 20009	N/A	05/03/2011
Purpose of expenditure Consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
601 Connecticut Ave NW STE 500 Vashington, DC 20009	Recipients's occupation N/A	Date of expenditure 06/13/2011
consulting Fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Committee to Save Independent HME Suppliers	Name of recipient's employer N/A	\$ 30000
O Box 1070	Recipients's occupation	Date of expenditure
alifax, VA 24558	N/A	01/04/2011
Purpose of expenditure Political Advocacy		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
ommittee to Save Independent HME Suppliers	N/A	\$ 30000
O Box 1070	Recipients's occupation	Date of expenditure
falifax, VA 24558	N/A	06/01/2011
urpose of expenditure		

Recipient's name, mailing address and ZIP code Name of recipient's employer **Amount of Expenditure** US Bank PO Box 1800 Recipients's occupation Date of expenditure St. Paul, MN 55101 01/24/2011 N/A Purpose of expenditure Bank Fees Recipient's name, mailing address and ZIP code Name of recipient's employer **Amount of Expenditure** US Bank PO Box 1800 Recipients's occupation Date of expenditure St. Paul, MN 55101 02/17/2011 N/A Purpose of expenditure Bank Fees Name of recipient's employer Recipient's name, mailing address and ZIP code **Amount of Expenditure** US Bank PO Box 1800 Recipients's occupation Date of expenditure St. Paul, MN 55101 03/22/2011 Purpose of expenditure Bank Fees Recipient's name, mailing address and ZIP code **Amount of Expenditure** Name of recipient's employer US Bank PO Box 1800 Recipients's occupation Date of expenditure St. Paul, MN 55101 N/A 04/20/2011 Purpose of expenditure Bank Fees Recipient's name, mailing address and ZIP code Name of recipient's employer **Amount of Expenditure** US Bank Date of expenditure PO Box 1800 Recipients's occupation St. Paul, MN 55101 05/20/2011 N/A Purpose of expenditure Bank Fees Recipient's name, mailing address and ZIP code Amount of Expenditure Name of recipient's employer US Bank \$ 84 PO Box 1800 Recipients's occupation Date of expenditure St. Paul, MN 55101 N/A 05/20/2011 Purpose of expenditure Bank Fees Recipient's name, mailing address and ZIP code Name of recipient's employer **Amount of Expenditure** Heaton, Adams and Co. P.C. Date of expenditure 333 West Fourth St Recipients's occupation Waterloo, IA 50701 N/A 03/06/2011 Purpose of expenditure

Professional Fees